Questions from 2010 Medicaid EHR Incentive Program Workshops

Eligible Professionals

Q: If we have adopted certified EHR technology into our practice, can we register for the incentive program without having our paper files loaded into the EHR system?

A: Yes, you may still qualify for the incentive payment without having begun to use the EHR system. In your registration, you should select adopt as the method of attestation during registration at the MS State Level Registry Portal. As long as you have acquired or purchased an ONC-certified software product in Year One of the program and can show proof at attestation by uploading a copy of your contract, invoice or purchase order, you will qualify and may complete registration.

Q: What is a Medicaid patient encounter?

A: A Medicaid encounter is services rendered to an individual on any one day where Medicaid paid for part or all of the service or Medicaid paid for part or all of the individual's premiums, copayments, and cost-sharing. An encounter is based on CPT and HCPCS codes that are reimbursable by the Medicaid program, not necessarily a paid claim.

Q: How do we determine the Medicaid patient volume for Eligible Professionals?

A: An individual professional would choose at least a 90-day period beginning on the first day of the month and divide the number of Medicaid encounters by the total patient encounters to get the Medicaid patient volume. A pediatrician showing 20% patient volume would meet the eligibility requirement and all other Eligible Professional showing a 30% patient volume will meet the eligibility requirement. The data needed for this calculation should be available through your practice billing system or by tallying numbers from your paper charts.

Q: Can MS CAN beneficiaries be counted when determining Medicaid encounters?

A: Yes, MS CAN beneficiaries can be included when tallying the number of Medicaid encounters. However, for Year One participation year which is currently 2011, MS CAN participants will not be included in the count because the MS CAN program was not implemented until January 1, 2011. Your patient encounters will come from at least a 90-day reporting period in calendar year 2010.

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Q: I am a provider who works at two different clinics both at a part-time status. Will I be able to include Medicaid encounters from both clinics?

A: To meet the 30% Medicaid patient volume, the encounters from both clinics may be combined for the calculation to meet this eligibility requirement.

Q: If the group practice bore the cost of AIU, but each physician applies individually, who is entitled to the incentive payment?

A: Incentive payments are made to individual eligible provider; however the physician may voluntarily assign the incentive payment to his or her practice. The payee NPI and TIN will be needed at registration to indicate to whom the payment will be made.

Q: If the physicians in a group practice are the owners of the practice, will their ownership affect receipt of the incentive payment?

A: No, the physician owners of the group may apply for the incentive payment individually or as a group. If the physicians apply as a group practice, the first EP affiliated with the group practice that attests to the affiliation will set the methodology for the entire group practice. Following that first attestation, every subsequent EP from the group that submits his/her attestation must use that methodology. It is important that the members of the group practice reach consensus among their affiliated EPs on the methodology prior to the first attestation.

Q: Can physicians in the same group enter the incentive program at different times? Can their year one of the program begin at a later time than the actual start of the first year of the incentive program?

A: Yes.

Q: If the clinical is owned by a hospital, can the physician apply independently of the hospital?

A: Regardless of ownership of the clinic, if the physician meets the eligibility requirements, he may register and attest as an eligible professional. It is up to the physician and the clinic owners to negotiate whether to designate the owner as the payee.

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Q: If I am a physician practicing in a group and I assign my incentive payment to the group, who will receive the 1099?

A: The 1099 will be sent to the entity that received the payment based on the TIN reported at registration as the payee designee.

Meaningful Use for Eligible Professionals

Q: I practice in a large group with 50 or more providers and we all use the same certified EHR software. How many of the Eligible Professionals in the group would be required to meet the meaningful use core requirement to electronically exchange key clinical information with a disparate EHR?

A: To meet this objective only one provider from the group would have to perform one test to meet this core objective of meaningful use.

Q: What is structured data?

A: Structured data is patient information entered directly into data entry fields in an EHR system. This data can also be entered or imported from another system (eg. Numerical data from labs). Scanned documents do not qualify as structured data.

Q: What is a clinical decision support rule?

A: A clinical decision support rule is an office protocol or a standard set of policies on how you will treat a certain condition or a patient who is presenting a certain set of symptoms.

Q: What is the time-frame associated with the required reporting period for meaningful use?

A: The reporting period for an EP is any 90 day consecutive period from calendar year 2010 beginning on the first day of the month in the first year of meaningful use.

Q: What happens if I am not a meaningful user in Year Two, will I be penalized?

A: No, there is no penalty for not meeting meaningful use in Year Two in the Medicaid Incentive Program. Both the EP and EH are allowed to skip a year's participation and still receive the full amount of the incentive payment. The providers will not receive a payment in Year Two if they do not attest to meaningful use, but there will be no penalty.

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Q: If one or any of the objectives required for Stage I clinical quality measures are not pertinent to my practice, what will I report for this requirement?

A: Some Meaningful Use objectives are not applicable to every provider's clinical practice; therefore they would not have any eligible patients or actions for the measure denominator. In these cases, the eligible professional would be excluded from having to meet that measure and may enter 0 as the denominator.

Q: Does the menu meaningful use objective pertaining to providing patient-specific education resources have to be related to an office visit?

A: No, the educational resource information does not have to be specifically related to that office encounter. For example, a diabetic patient may be visiting the physician to get treatment for a respiratory infection, but the EHR system may generate a resource article about the importance of checking their A1C blood levels based on the patient's history that is stored in the EHR.

Eligible Hospitals

Q: When selecting data from my cost report to determine my incentive payment, what line from w/s 5-10 will be used for determining charity?

A: There is a calculation worksheet posted on the Division of Medicaid's website at www.medicaid.ms.gov which directs Eligible Hospitals exactly what data is needed from the cost report to determine the Medicaid incentive payment amount.

Q: Are swing bed discharges included in the total discharges when calculating the 10% Medicaid volume for Eligible Hospitals?

A: No, only inpatient and emergency department discharges are counted in the calculation for determining the 10% Medicaid volume for Eligible Hospitals.

Q: Are professional fees included in total hospital charges in step 4 of the calculation for Eligible Hospitals?

A: Professional fees billed directly to the patient by the professional are not included in the total hospital charges. Total hospital charges are directly from the hospital cost report:

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1. 2009 – Worksheet C Part I, Column 8, Line 103
2. 2010 – Worksheet C Part I, Column 8, Line 202

Q: Does uncompensated care include bad debt?

A: Yes, bad debt accounts may be included in your uncompensated care totals.

Q: How do Clinical Quality Measures apply to an ICF/MR facility?

A: Under the eligibility requirements for Eligible Hospitals, an Intermediate Care Facility for the Mentally Retarded would not qualify as an Eligible Hospital. To meet the criteria for EHs, the facility would have to be defined as a critical access hospital, an acute care hospital, or a free-standing children's hospital with an average stay less than or equal to 25 days and a CMS Certification Number ending in 0001-0879 or 1300-1399.

Q: If the growth rate is negative, will it factor into the calculation?
A: Yes, the growth rate may be negative if the hospital has experienced decreasing discharges over the last few fiscal years, and it will give a negative amount to factor in.

Q: Does the 10% Medicaid volume have to be met each year?
A: Yes, the 10% Medicaid volume must be met for each fiscal year a payment is made.

General Questions

Q: Will there be any restrictions on how the incentive payments can be used?

A: No, there is not a restriction on how the incentive payment is spent once Division of Medicaid disburses the payment to the provider. However, the intent of the Medicaid EHR Incentive Program is to provide financial incentives to eligible providers who adopt, implement, upgrade and meaningfully use a certified EHR system to help them offset the cost of acquiring an EHR system. It is always wise to track expenses and have detailed recordkeeping.

Q: How will the incentive payments be dispersed?

A: Incentive payments will be made by electronic funds transfer in a one-time lump sum payment and the payment will show up on the remittance advice as an Incentive Program Payment. Payments are set to begin in May 2011.

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Q: After I apply for my incentive payment, how long will it take to receive the payout?

A: Prior to the payment being made, The Division of Medicaid will have between 30 to 60 days to validate your attestation. Pending there are no problems with your application and you have satisfied the eligibility requirements, the application will be approved and submitted for payment. Once the application is approved, the incentive payment process may require up to 45 days to make the payment. The overall process will take approximately 90 days.

Q: If I already have an EMR or EHR what should I do?

A: First, contact your software vendor to make sure that the product is an ONC certified version. If the product meets the ONC certification, then you will attest to either upgrade or implementation of an ONC-certified software product.

Q: Do I have to register and/or qualify each year?

A: For Eligible Professionals, there is a one-time registration, but you must reapply each year for payment. Eligible Hospitals' payments do not have to be requested in consecutive years.

Q: Are the meaningful use set of core and menu objectives for Medicaid only?

A: The objectives are the same for both Medicare and Medicaid, but there are a different number of requirements for how many objectives have to be met.

Q: Is the incentive payment taxable income, and will I receive a 1099 for the payment?

A: Yes, the incentive payment is taxable income and a 1099 document will be sent to the provider for tax filing purposes.

Q: Does it matter if a qualifying software system is local, ASP, or SPS?

A: No, it does not matter as long as the product is an ONC-certified product and appears on the Certified Health IT Product List at http://onc-chpl.force.com/ehrcert.

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Q: Does the software that is ONC meaningful- use certified have to be capable of performing all meaningful use criteria both core and menu objectives along with all clinical quality measures?

A: Yes, according to ONC certification standards, the software must be capable of performing all meaningful use core, menu, and clinical quality measures objectives.

Q: Do I have to apply for the Medicaid incentive payment in the first quarter of 2011?

A: No, you may apply when you are ready to register and attest. The last year to apply for the incentive payment is 2016.